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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Petition to Revoke
13 Probation Against:

14 **DENNY MARK SCHOCH, M.D.**
15 **618 Colville St.**
Chattanooga, TN 37405-2803

16 **Physician's and Surgeon's Certificate**
No. A 95138

Case No. 800-2021-083489

DEFAULT DECISION
AND ORDER

[Gov. Code, §11520]

17 One.

18
19 **FINDINGS OF FACT**

20 1. On or about February 7, 2022, Complainant William Prasifka, in his official capacity
21 as the Executive Director of the Medical Board of California (Board), Department of Consumer
22 Affairs, filed Petition to Revoke Probation No. 800-2021-083489 against Denny Mark Schoch,
23 M.D. (Respondent) before the Board.

24 2. On or about April 26, 2006, the Board issued Physician's and Surgeon's Certificate
25 No. A 95138 to Respondent. The Physician's and Surgeon's Certificate was in full force and
26 effect at all times relevant to the charges brought herein and entered into delinquent status on
27 December 31, 2021. A true and correct copy of Respondent's Certificate of Licensure is attached
28 as **Exhibit A** and incorporated herein by reference.

1 3. On or about February 7, 2022, Erika Calderon, an employee of the Complainant
2 Agency, served by Certified Mail a copy of the Petition to Revoke Probation No. 800-2021-
3 083489, Statement to Respondent, Notice of Defense, Request for Discovery, and Government
4 Code sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record with the Board,
5 which was and is 618 Colville St., Chattanooga, TN 37405-2803. The Petition documents were
6 delivered by the U.S. Postal Service on February 12, 2022. A copy of the Petition to Revoke
7 Probation, the related documents, Declaration of Service, and U.S. Postal Service tracking
8 information are attached as **Exhibit B**, and are incorporated herein by reference.

9 4. On or about February 24, 2022, Veronica Pampenelli and Gabriel Vallejo, employees
10 of the Department of Justice, served by U.S. and Certified Mail a Courtesy Notice of Default,
11 with copies of the Petition to Revoke Probation No. 800-2021-083489, Statement to Respondent,
12 Notice of Defense, Request for Discovery, and Government Code sections 11507.5, 11507.6, and
13 11507.7, to Respondent's address of record with the Board, which was and is 618 Colville St.,
14 Chattanooga, TN 37405-2803. The Courtesy Notice of Default documents were delivered by the
15 U.S. Postal Service on March 4, 2022. A copy of the Courtesy Notice of Default, the related
16 documents, Declaration of Service, and U.S. Postal Service tracking information are attached as
17 **Exhibit C**, and are incorporated herein by reference.

18 5. Service of the Petition to Revoke Probation was effective as a matter of law under the
19 provisions of Government Code section 11505, subdivision (c).

20 6. Government Code section 11506 states, in pertinent part:

21 (c) The respondent shall be entitled to a hearing on the merits if the respondent
22 files a notice of defense, and the notice shall be deemed a specific denial of all parts
23 of the accusation not expressly admitted. Failure to file a notice of defense shall
24 constitute a waiver of respondent's right to a hearing, but the agency in its discretion
25 may nevertheless grant a hearing.

26 Respondent failed to file a Notice of Defense within 15 days after service upon him of the
27 Petition to Revoke Probation, and therefore waived his right to a hearing on the merits of Petition
28 to Revoke Probation No. 800-2021-083489.

29 7. California Government Code section 11520 states, in pertinent part:

30 (a) If the respondent either fails to file a notice of defense or to appear at the

1 hearing, the agency may take action based upon the respondent's express admissions
2 or upon other evidence and affidavits may be used as evidence without any notice to
3 respondent.

4 8. **Exhibit D**, attached and incorporated herein by reference, is a Declaration of Deputy
5 Attorney General Michael C. Brummel, which established that no Notice of Defense was received
6 by the Board or the Attorney General's office, and further that each exhibit in the Default
7 Decision Evidence Packet is a true and correct copy of the original.

8 9. **Exhibit E**, attached and incorporated herein by reference, is a Declaration of
9 Christina Valencia, which established that Respondent was on probation with the Board and
10 committed numerous violations of the conditions and terms of his probation.

11 10. **Exhibit F**, attached and incorporated herein by reference, is a Certification of
12 Prosecution Costs Declaration of Michael C. Brummel, which established the total costs of
13 prosecution by the Department of Justice incurred by the Medical Board of California in this case
14 as \$8,465.00 (eight thousand four hundred sixty-five dollars).

15 11. Pursuant to its authority under Government Code section 11520, the Board finds
16 Respondent is in default. The Board will take action without further hearing and, based on
17 Respondent's express admissions by way of default and the evidence before it, contained in
18 Exhibits A, B, C, D, E, and F, finds that the allegations in Petition to Revoke Probation No. 800-
19 2021-083489 are true.

20 **DETERMINATION OF ISSUES**

21 1. Based on the foregoing findings of fact, Respondent Denny Mark Schoch, M.D. has
22 subjected his Physician's and Surgeon's Certificate No. A 95138 to discipline.

23 2. A copy of the Petition to Revoke Probation and the related documents, Declaration of
24 Service, and Certification of Prosecution Costs are attached.

25 3. The agency has jurisdiction to adjudicate this case by default.

26 4. The Medical Board of California is authorized to revoke Respondent's Physician's
27 and Surgeon's Certificate based upon the following violations alleged in the Petition to Revoke
28 Probation:

a. Non-practice while on probation;

1 b. Failure to submit timely quarterly declarations.

2 **ORDER**

3 IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 95138, heretofore
4 issued to Respondent Denny Mark Schoch, M.D., is revoked.

5 Respondent is hereby ordered to reimburse the Board its costs of investigation and
6 enforcement, in the amount of \$8,465.00 (eight thousand four hundred sixty-five dollars) prior to
7 issuance of a new or reinstated license.

8 **Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a**
9 **written motion requesting that the Decision be vacated and stating the grounds relied on**
10 **within seven (7) days after service of the Decision on Respondent.** The agency in its
11 discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in
12 the statute.

13 This Decision shall become effective on **JUN 03 2022**.

14 It is so ORDERED **MAY 05 2022**
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18 William Prasifka, Executive Director
19 For the Medical Board Of California
20 Department Of Consumer Affairs

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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Petition to Revoke
Probation Against:

Case No. 800-2021-083489

14 **DENNY MARK SCHOCH, M.D.**
15 **618 Colville St.**
16 **Chattanooga, TN 37405-2803**

PETITION TO REVOKE PROBATION

17 **Physician's and Surgeon's Certificate**
18 **No. A 95138**

Respondent.

19
20 Complainant alleges:

21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Petition to Revoke Probation solely in his
23 official capacity as the Executive Director of the Medical Board of California (Board),
24 Department of Consumer Affairs.

25 2. On or about April 26, 2006, the Board issued Physician's and Surgeon's Certificate
26 No. A 95138 to Denny Mark Schoch, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in effect at all times relevant to the charges brought herein and expired on
28 December 31, 2021, and has not been renewed.

3. In a disciplinary action titled *In the Matter of Accusation Against Denny Mark Schoch, M.D.*, Case No. 800-2014-005107, the Medical Board of California, issued a decision, effective August 31, 2018, in which Respondent's Physician's and Surgeon's Certificate No. A 95138 was revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was placed on probation for three (3) years with certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

1 (g) (1) Except as provided in paragraph (2), the board shall not renew or
2 reinstate the license of any licensee who has failed to pay all of the costs ordered
3 under this section.

4 (2) Notwithstanding paragraph (1), the board may, in its discretion,
5 conditionally renew or reinstate for a maximum of one year the license of any
6 licensee who demonstrates financial hardship and who enters into a formal agreement
7 with the board to reimburse the board within that one-year period for the unpaid
8 costs.

9 (h) All costs recovered under this section shall be considered a reimbursement
10 for costs incurred and shall be deposited in the fund of the board recovering the costs
11 to be available upon appropriation by the Legislature.

12 (i) Nothing in this section shall preclude a board from including the recovery of
13 the costs of investigation and enforcement of a case in any stipulated settlement.

14 (j) This section does not apply to any board if a specific statutory provision in
15 that board's licensing act provides for recovery of costs in an administrative
16 disciplinary proceeding.

17 "..."

18 6. Section 2227 of the Code states:

19 (a) A licensee whose matter has been heard by an administrative law judge of
20 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
21 Code, or whose default has been entered, and who is found guilty, or who has entered
22 into a stipulation for disciplinary action with the board, may, in accordance with the
23 provisions of this chapter:

24 (1) Have his or her license revoked upon order of the board.

25 (2) Have his or her right to practice suspended for a period not to exceed one
26 year upon order of the board.

27 (3) Be placed on probation and be required to pay the costs of probation
28 monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a
requirement that the licensee complete relevant educational courses approved by the
board.

(5) Have any other action taken in relation to discipline as part of an order of
probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters,
medical review or advisory conferences, professional competency examinations,
continuing education activities, and cost reimbursement associated therewith that are
agreed to with the board and successfully completed by the licensee, or other matters
made confidential or privileged by existing law, is deemed public, and shall be made
available to the public by the board pursuant to Section 803.1.

PROBATION CASE

7. On or about April 28, 2017, an Accusation was filed against Respondent *In the Matter of the Accusation Against Denny Mark Schoch, M.D.*, Case No. 800-2014-005107, alleging that Respondent was subject to disciplinary action under Code Sections 2234, subdivision (c), relating to the care and treatment of multiple patients.

8. On or about May 23, 2018, Respondent signed a Stipulated Settlement and Disciplinary Order in Case No. 800-2014-005107, in which he agreed that "if the board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2014-005107 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California."

9. On or about July 24, 2018, the Board issued its Decision and Order in the case entitled *In the Matter of the Accusation Against Denny Mark Schoch, M.D.*, Case No. 800-2014-005107. That Decision, which became effective August 31, 2018, revoked Respondent's Physician's and Surgeon's Certificate No. A 95138; however, the revocation was stayed and he was placed on probation for three years, requiring completion of specified educational coursework, and ordering that he abide by all terms and conditions of his probation. That decision is now final, and a copy of the decision is attached as Exhibit A and is incorporated by reference herein.

10. At all times after the effective date of Respondent's probation, Condition No. 8 titled NON-PRACTICE WHILE ON PROBATION, stated:

"Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

1 "In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 "Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 "Periods of non-practice will not apply to the reduction of the probationary term.

8 "Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
12 Controlled Substances; and Biological Fluid Testing."

13 11. At all times after the effective date of Respondent's probation, Condition No. 5 titled
14 QUARTER DECLARATIONS, stated:

15 "Respondent shall submit quarterly declarations under penalty of perjury on forms provided
16 by the Board, stating whether there has been compliance with all the conditions of probation.

17 "Respondent shall submit quarterly declarations not later than 10 days after the end of the
18 proceeding quarter."

19 12. At all times after the effective date of Respondent's probation, Condition No. 10
20 titled VIOLATION OF PROBATION, stated:

21 "Failure to fully comply with any term or condition of probation is a violation of probation.
22 If Respondent violates probation in any respect, the Board, after giving Respondent notice and the
23 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
24 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
25 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
26 is final, and the period of probation shall be extended until the matter is final."

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1 **FIRST CAUSE TO REVOKE PROBATION**

2 **(Non-Practice While on Probation)**

3 13. Respondent's probation is subject to revocation because he failed to comply with
4 Probation Condition 8, referenced above. The facts and circumstances regarding this violation
5 are as follows:

6 **2019**

7 14. On or about January 18, 2019, Respondent wrote the probation department to advise
8 them that he was hired for a short term locum tenens assignment at Regional One Health Medical
9 Center in Tennessee for one month. Respondent later added that the assignment could be
10 extended through to the end of February 2019, and that he planned to reside in Tennessee
11 thereafter. Respondent added that he was working with the Tennessee Board of Medical
12 Examiners to be placed on a reciprocal probation.

13 15. On or about February 28, 2019, Respondent's locum tenens assignment at Regional
14 One Health Medical Center in Tennessee came to an end.

15 16. On or about March 19, 2019, the Tennessee Board of Medical Examiners placed
16 Respondent's Tennessee medical license No. 55125 on probation, for a minimum of two years,
17 and until his probation before the California Board has been lifted.

18 17. On or about April 4, 2019, Respondent submitted his first quarter declaration of 2019.
19 Respondent identified the location worked as Regional One Health Medical Center (located in
20 Tennessee), and indicated that he worked 40 hours per quarter. Respondent left the box for the
21 work schedule blank.

22 18. On or about July 9, 2019, Respondent submitted his second quarter declaration of
23 2019. Respondent identified the location worked as Regional One Health Medical Center, and
24 left the box "hours worked" blank. In the box for the work schedule, Respondent wrote "was 5
25 days/week/call each + every day," despite admitting in the comments section that his assignment
26 at Regional One Health Medical Center had ended.

27 19. On or about October 10, 2019, Respondent submitted his third quarter declaration of
28 2019. Respondent identified the location worked as Regional One Health Medical Center, and

1 left the box for "hours worked" blank. In the box for the work schedule, Respondent wrote, "call
2 4-7 days per week," despite admitting in the comments section that his assignment at Regional
3 One Health Medical Center had ended.

4 20. On or about December 31, 2019, Respondent's Physician's and Surgeon's Certificate
5 No. A 95138 expired.

6 **2020**

7 21. On or about January 9, 2020, Respondent submitted his fourth quarter declaration of
8 2019. Respondent identified the location worked as Regional One Health Medical Center, and
9 left the box "hours worked" blank. In the box for the work schedule, Respondent wrote, "was
10 call 4-7 days per week," but also added that his assignment at Regional One Health Medical
11 Center had ended.

12 22. On or about April 8, 2020, Respondent submitted his first quarter declaration of 2020.
13 Respondent identified the location worked as Regional One Health Medical Center, and left the
14 box "hours worked" blank. In the box for the work schedule, Respondent wrote, "call 4-7 days per
15 week," but also added that his assignment at Regional One Health Medical Center had ended.

16 23. On or about July 14, 2020, Respondent submitted his second quarter declaration of
17 2020. This declaration was submitted late. The report was due to the Board no later than July 10,
18 2020. Respondent identified the location worked as Regional One Health Medical Center, and left
19 the box "hours worked" blank. In the box for the work schedule, Respondent wrote, "call 4-7 days
20 per week," but also added that his assignment at Regional One Health Medical Center had ended.

21 24. On or about August 27, 2020, the Board wrote Respondent seeking clarification of his
22 hours worked during the previous probation reports. Respondent continued to list Regional One
23 Health Medical Center in Tennessee as his primary place of practice, stating that he would call in
24 four to seven days per week. The letter explained that simply calling in is not considering
25 practicing medicine, and that he could not receive credit for practicing medicine unless he was
26 actually on probation in Tennessee, and practicing medicine.

27 25. On or about September 22, 2020, Respondent renewed his Physician's and Surgeon's
28 Certificate No. A 95138. Respondent's Physician's and Surgeon's Certificate was not renewed

1 until two days after he claimed to have been practicing medicine in California at Central
2 California Surgery.

3 26. On or about September 30, 2020, Respondent submitted his third quarter declaration
4 of 2020. Respondent identified a new location worked as Central California Surgery, and wrote
5 that he "started September 2020." In the box for hours worked per quarter Respondent wrote "40
6 hrs" and in the box for the work schedule, Respondent wrote, "40 hours 8am-6pm."

7 27. On or about September 30, 2020, the Board received a letter from Central California
8 Surgery providing additional information regarding Respondent's 40 hours of time at the surgical
9 practice from September 20 through 26, 2020. The letter stated that Respondent "saw/evaluated
10 patients who were there for pre or post-operative office visits. These patients either had general
11 surgical issues or were in various stages of preparation for or following up after bariatric weight
12 loss surgery."

13 28. On or about October 18, 2020, Respondent submitted a Petition for Early Termination
14 of Probation to the Board under penalty of perjury. Respondent included a narrative statement
15 which among other things, provided detail regarding his periods of non-practice. Respondent
16 explained that he has not worked as a physician at all since his locum tenens assignment in
17 Tennessee ended on February 28, 2019. Respondent stated that the combination of Covid-19 and
18 his disciplinary history prevented him from obtaining any employment.

19 29. On or about December 31, 2020, Respondent's Tennessee Board of Medical
20 Examiners License expired.

21 **2021**

22 30. On or about January 12, 2021, Respondent submitted his fourth quarter declaration of
23 2020. Respondent identified the location worked as "Was Central California Surgery," and in the
24 box for "hours worked" he wrote "was 40 hours." In the box for the work schedule, Respondent
25 wrote, "40 hours 8am-6pm." Respondent later submitted a revised quarterly declaration in which
26 he no longer claimed to practice as a physician and surgeon during this period.

27 31. On or about April 12, 2021, Respondent submitted his Quarterly Report for first
28 quarter of 2021 late. The report was due to the Board no later than April 10, 2021. In the space

1 for "location worked" Respondent wrote "was Central California Surgery." In the "hours worked"
2 box he wrote "was 40 hours 8am-6pm" and circled the word "was." Respondent left the "work
3 schedule" box blank. Respondent later submitted a revised quarterly declaration in which he no
4 longer claimed to practice as a physician and surgeon during this period.

5 32. On June 24, 2021, the Board contacted California Surgery Center via telephone in an
6 attempt to verify Respondent's employment. California Surgery Center related that Respondent
7 was there during this time-period, but that he was there to observe and did not enter any notes in
8 patient files. The same day, the Board sent Respondent a letter advising him that he could not
9 enter work hours or a work location if he did not in fact work any hours at that location during the
10 monitoring period. The Board directed Respondent to revise and resubmit corrected declarations
11 for the previous two quarters.

12 33. On or about July 12, 2021, Respondent submitted his Quarterly Report for the second
13 quarter of 2021 late. The report was due to the Board no later than July 10, 2021. Despite the
14 previous direction from the Board, Respondent submitted a second quarter declaration for 2021
15 that claimed he was working in California. Respondent again listed his place of practice as "was
16 Central California Surgery" and in the box for "hours worked" he wrote "was 40/week," circling
17 the word "was." Respondent later submitted a revised quarterly declaration in which he no longer
18 claimed to practice as a physician and surgeon during this period.

19 34. On or about August 16, 2021, the Board sent a letter to California Surgery Center
20 seeking additional substantiation of Respondent's work including a copy of his daily scheduled
21 hours, and a more detailed description of duties during the time period worked. The Board
22 explained that this information was needed to provide Respondent with credit for practicing as
23 physician and surgeon while on probation.

24 35. On or about August 17, 2021, the Board sent Respondent a letter requesting that
25 Respondent submit corrected declarations for the fourth quarter of 2020 and the first quarter of
26 2021, as outlined in the letter sent to him on June 24, 2021. In addition, the Board requested that
27 he submit a corrected declaration for the second quarter of 2021, as it continued to list a place of
28

1 employment and hours worked similar to the prior declarations, when in fact he did not work at
2 the facility as a physician and surgeon during the quarter.

3 36. On or about September 17, 2021, Respondent resubmitted revised quarterly
4 declarations for the fourth quarter of 2020, first and second quarters of 2021. In each of the
5 revised quarterly declarations, Respondent left the "hours worked," "location worked," and "work
6 schedule" boxes blank. In the quarterly declaration for the fourth quarter of 2020, Respondent
7 stated that he "stopped work on 9/30/2020," referring to the work hours claimed at Central
8 California Surgery.

9 37. On or about September 17, 2021, Respondent delivered corrected declarations to the
10 Board for the 4th quarter of 2020, the first quarter of 2021, and the second quarter of 2021. The
11 corrected declarations do not list any place of employment or claim that he was employed as a
12 physician and surgeon.

13 38. On or about October 12, 2021, Respondent submitted his third-quarter declaration of
14 2021 late. Respondent left the "hours worked," "location worked," and "work schedule" boxes
15 blank.

16 39. On or about November 3, 2021, the Board contacted California Surgery Center again,
17 having not received a response to the previous letter. Later that day, California Surgery Center
18 responded in writing clarifying that Respondent "saw patients in our office during that time
19 period, but not independently and he did not enter data into the chart. He was observing how we
20 do things in our clinic in preparation to potentially be able to see patients independently in our
21 clinic."

22 40. On or about November 4, 2021, the Board notified Respondent in writing that he was
23 in violation of probation. The Board informed him that his period of non-practice had exceeded
24 18 months on October 1, 2020, requiring that he successfully complete the Federation of State
25 Medical Boards' Special Purpose Examination, or at the Board's discretion a clinical competence
26 assessment program prior to resuming the practice of medicine in California. The Board also
27 notified Respondent that he had exceeded a period of non-practice in excess of two years on April
28 1, 2021, constituting a violation of probation.

1 41. Respondent was required to be employed as a physician and surgeon while on
2 probation. At the outset of his probation, Respondent moved to Tennessee, and attempted to
3 work out of state prior to being placed on probation in that state. Respondent did work in
4 Tennessee, but only two months, and his practice was prior to being placed on probation in
5 Tennessee. As Respondent was working out of state while not on probation in that state, his
6 practice was still considered a period of non-practice relative to his California probation
7 requirements. Respondent previously claimed that he worked for one week in California, but
8 later retracted that claim and admitted that he did not work as a physician and surgeon again after
9 February 28, 2020. Respondent's period of non-practice on probation exceeded two years, which
10 constitutes a violation of probation.

11 **SECOND CAUSE TO REVOKE PROBATION**

12 **(Failure to Submit Timely Quarterly Declaration)**

13 42. Respondent's probation is subject to revocation because he failed to comply with
14 Probation Condition 5, referenced above. The facts and circumstances regarding this violation
15 are as follows:

16 43. Respondent submitted his quarterly declaration for the second quarter of 2020 late,
17 which constitutes a violation of probation.

18 44. Respondent submitted his quarterly declaration for first quarter of 2021 late, which
19 constitutes a violation of probation.

20 45. Respondent submitted his quarterly declaration for second quarter of 2021 late, which
21 constitutes a violation of probation.

22 **DISCIPLINE CONSIDERATIONS**

23 46. To determine the degree of discipline, if any, to be imposed on Respondent,
24 Complainant alleges that on or about August 31, 2018, in a prior disciplinary action titled In the
25 Matter of the Accusation Against Denny Mark Schoch, M.D. before the Medical Board of
26 California, in Case No. 800-2014-005107, Respondent's license was revoked, the revocation was
27 stayed, and Respondent was placed on probation for three years with terms and conditions. That
28 decision is now final and is incorporated by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking the probation that was granted by the Medical Board of California in Case No. 800-2014-005107 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate No. A 95138 issued to Respondent Denny Mark Schoch, M.D.;

2. Revoking or suspending Physician's and Surgeon's Certificate No. A 95138, issued to Respondent Denny Mark Schoch, M.D.;

3. Revoking, suspending or denying approval of Respondent Denny Mark Schoch, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

4. Ordering Respondent Denny Mark Schoch, M.D. to pay the Medical Board of California the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

5. Taking such other and further action as deemed necessary and proper.

DATED: **FEB 07 2022**


WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

FR2021305844
95424584

Exhibit A

Decision and Order

Medical Board of California Case No. 800-2014-005107

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

Denny Mark Schoch, M.D.)

Physician's and Surgeon's)

Certificate No. A 95138)

Respondent.)

Case No. 800-2014-005107

**DENIAL BY OPERATION OF LAW
PETITION FOR RECONSIDERATION**

No action having been taken on the petition for reconsideration (Amended Application to Correct Mistake or Error In Decision/Stipulated Settlement; Request For Modification), filed by Lawrence S. Giardina, Esq., and the time for action having expired at 5 p.m. on August 31, 2018, the petition is deemed denied by operation of law.

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)	
)	MBC No. 800-2014-005107
Denny Mark Schoch, M.D.)	
)	
Physician's and Surgeon's)	ORDER GRANTING STAY
Certificate No. A 95138)	
)	(Government Code Section 11521)
)	
<u>-----Reconsideration-----</u>)		

Lawrence S. Giardina, Esq. on behalf of respondent, Denny Mark Schoch, M.D., has filed an Application to Correct Mistake or Error in Decision/Stipulated Settlement; Request for Modification (Application) in this matter with an effective date of August 23, 2018, at 5:00 p.m. The Medical Board of California is considering this a Petition for Reconsideration.

Execution of the decision is stayed until August 31, 2018 at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board to review the Application/Petition.

DATED: August 23, 2018



Kimberly K. Hmeyer
Executive Director
Medical Board of California

Kristina D. La Chair
Panel B

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
4 StateBarNo. 236116
Department of Justice
5 2550 Mariposa Mall, Room 5090
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7 E-mail: Michael.Brummel@doj.ca.gov

8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA .**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

12 **1** -----
13 **1**
14 In the Matter of the Accusation Against:
15 **DENNY MARK SCHOCH, M.D.**
16 **c/o dutcher admin services**
17 **14252 Culver Drive, Suite 732**
18 **Irvine, CA 92604**
19 **Physician's and Surgeon's Certificate No.**
20 **A95138**

21 . Respondent.

Case No. 800-2014-005107

OAH No. 2017090203

22 **STIPULATED SETTLEMENT AND**
23 **DISCIPLINARY ORDER**

24 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled
25 proceedings that the following matters are true:

26 **PARTIES**

27 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
28 of California (Board). She brought this action solely in her official capacity and is represented in
this matter by Xavier Becerra, Attorney General of the State of California, by Michael C.
Brummel, Deputy Attorney General.

2. Respondent Denny Mark Schoch, M.D. (Respondent) is represented in this

1 proceeding by attorney Lawrence Scott Giardina, Esq., whose address is: Schuering Zimmerman
2 & Doyle, LLP, 400 University Avenue, Sacramento, CA 95825-6502.

3 3. On or about April 26, 2006, the Board issued Physician's and Surgeon's Certificate
4 No. A 95138 to Denny Mark Schoch, M.D. (Respondent). The Physician's and Surgeon's
5 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
6 No. 800-2014-005107, and will expire on December 31, 2019, unless renewed.

7 JURISDICTION

8 4. Accusation No. 800-2014-005107 was filed before the Board, and is currently
9 pending against Respondent. The Accusation and all other statutorily required documents were
10 properly served on Respondent on March 29, 2017. Respondent timely filed his Notice of
11 Defense contesting the Accusation.

12 5. A copy of Accusation No. 800-2014-005107 is attached as Exhibit A and
13 incorporated herein by reference.

14 ADVISEMENT AND WAIVERS

15 6. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in Accusation No. 800-2014-005107. Respondent has also carefully read,
17 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
18 Disciplinary Order.

19 7. Respondent is fully aware of his legal rights in this matter, including the right to a
20 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
21 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
22 to the issuance of subpoenas to compel the attendance of witnesses and the production of
23 documents; the right to reconsideration and court review of an adverse decision; and all other
24 rights accorded by the California Administrative Procedure Act and other applicable laws.

25 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
26 every right set forth above.

27 ///

28 ///

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2014-005107, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, complainant could
6 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
7 No. 800-2014-005107 and that he has thereby subjected his license to disciplinary action.

8 11. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if the Board ever petitions for revocation of probation, all of the charges and
10 allegations contained in Accusation No. 800-2014-005107 shall be deemed true, correct and fully
11 admitted by respondent for purposes of that proceeding or any other licensing proceeding
12 involving respondent in the State of California.

13 CONTINGENCY

J4 12. This stipulation shall be subject to approval by the Medical Board of California.
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
16 Board of California may communicate directly with the Board regarding this stipulation and
17 settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
25 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
26 signatures thereto, shall have the same force and effect as the originals.

27 14. In consideration of the foregoing admissions and stipulations, the parties agree that
28 the Board may, without further notice or formal proceeding, issue and enter the following

Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED, that Physician's and Surgeon's Certificate No. A 95138 issued to Respondent Denny Mark Schoc M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of the Decision and Order on the following terms and conditions.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **NOTIFICATION.** Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 1.5 calendar days;

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3. **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES.** During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.-

1 4 . OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
2 governing the practice of medicine in California and remain in full compliance with any court
3 ordered criminal probation, payments, and other orders.

4 5 . QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
5 under penalty of perjury on forms provided by the Board, stating whether there has been
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
8 of the preceding quarter.

9 6. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and
14 residence addresses, email address (if available), and telephone number. Changes of such
15 addresses shall be immediately communicated in writing to the Board or its designee.. Under no
16 circumstances shall a post office box serve as an address of record, except as allowed by Business
17 and Professions Code section 2021(b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
27 areas outside the jurisdiction of California which lasts, or is contemplated to last; more than thirty
28 (30) calendar days.

1 In the event Respondent should leave the State of California to reside or to practice,
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
3 departure and return.

4 7. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
5 available in person upon request for interviews either at Respondent's place of business or at the
6 probation unit office, with or without prior notice throughout the term of probation.

7 8. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

9. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

10. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

12. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence Scott Giardina, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

5/23/18


DENNY MARK SCHOCH, M.D.
Respondent

I have read and fully discussed with Respondent Denny Mark Schoch, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

5 OB..


LAWRENCE SCOTT GIARDINA, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Lawrence Scott Giardina, Esq. I understand the stipulation and the
6 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
7 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
8 bound by the Decision and Order of the Medical Board of California.

9
10 DATED: _____ DENNY MARK SCHOCH, M.D.
11 Respondent

12 I have read and fully discussed with Respondent Denny Mark Schoch, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: _____ LAWRENCE SCOTT GIARDINA, ESQ.
16 Attorney for Respondent

17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Medical Board of California

20
21 Dated: SJ24/20 / g

Respectfully submitted,

22 XAVIER BECERRA
Attorney General of California
23 ALEXANDRA M. ALVAREZ

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25
26 MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant.

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Exhibit A

Accusation No. 800-2014-005107

1 **XAVIER BECERRA**
Attorney General of California
2 **ALEXANDRA M. ALVAREZ**
Supervising Deputy Attorney General
3 **MICHAEL C. BRUMMEL**
Deputy Attorney General
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6 Telephone: (559) 477-1679
Facsimile: (559) 445-5106
7 E-mail: Michael.Brummel@doj.ca.gov

8 *Attorneys for Complainant.*

FILED.
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Aord 2S 20.11
BY 6?obkIn 5+Lutakr: ANALYST

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2014-005107

14 **Denny Mark Schoch, M.D.**
15 **c/o Dutcher Admin Services**
16 **14252 Culver Drive, Suite 732**
17 **Irvine, CA 92604**

ACCUSATION

18 **Physician's and Surgeon's Certificate**
19 **No. A 95138,**

Respondent.

20 Complainant alleges:

21 **PARTIES**

22 i. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about April 26, 2006, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 95138 to Denny Mark Schoch, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on December 31, 2017, unless renewed.

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3. This Accusation is brought before the Board, under the authority of the following

4. Section 22 of the Code states:

"Board" as used in any provisions of this Code, refers to the board in which the

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon

"(4) Be publicly reprimanded by the board. The public reprimand may include a

"(5) Have any other action taken in relation to discipline as part of an order of probation, as

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical

6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

48

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

" "

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7. Respondent Denny Mark Schoch, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he committed repeated acts and/or omissions constituting negligence in the care and treatment of patients G.B.¹, G.P., S.R.-, C.S. and M.S. The circumstances are as follows:

Patient G.B.

8. **On** or about November 11, 2013, patient G.B. sought treatment from Respondent for a vascularization surgery to remove occluded portions of a blood vessel. Patient G.B. presented

¹ Initials are used herein when any reference is made to a specific patient for privacy purposes. The full name of the "patient" will be provided in response to a written request for discovery.

1 with a history that included gangrene, severe peripheral vascular disease.and multiple prior
2 surgical procedures by other physicians. Respondent performed a left lower extremity angiogram
3 of the left superficial fem.oral artery (SFA), a failed left SFA remote endarterectomy followed by
4 a successful left common femoral artery to below the knee popliteal bypass using a 6 mm Gore
5 Propaten Vascular Graft. Patient G.B: had poor vein conduits in her lower extremities and her
6 arm veins were too short, requiring Respondent to utilize a prosthetic Gore Propaten Vascular
7 Graft. Respondent utilized patch angioplasties on the left common femoral and distal popliteal
8 arteries resulting in extensive intraoperative blood loss. During surgery, patient G.B. required 6
9 units of packed red blood cell transfusions and her hematocrit² (HCT) fell to 17% post
10 operatively. The anesthesiologist estimated her blood loss at 3 liters. Respondent did not record
11 the blood loss in the medical records independent of the entry made by the anesthesiologist.

12 9. Respondent negligently performed a femoral popliteal bypass surgery on patient G.B.
13 resulting in excessive blood loss, which constitutes a departure from the standard of care.

14 Patient G.P.

15 10. On or about February 21, 2014, Patient G.P. sought treatment from Respondent for an
16 vascularization surgery to remove occluded portions of a blood vessel. Patient G.P. presented to
17 Respondent as an 88 year old female with a history including hypertension, coronary artery
18 disease, lung cancer, uterine cancer. On or about February 21, 2014, Respondent performed a
19 stent replacement of the left superficial femoral artery on patient G.P. Patient G.P. experienced
20 increased leg pain following the surgery requiring additional surgical intervention.

21 11. On or about March 28, 2014, patient G.P. underwent the intravenous cannulation of
22 the right common femoral artery with percutaneous mechanical thrombectomy of the SFA and
23 TPA³ infusion. Respondent was listed as the assisting surgeon for the procedure, although he
24 dictated the case notes and signed the operative report. Respondent documented in the notes that
25 he would "bring the patient back in 2 days for thrombolysis TPA recheck 3.30.14. Staff is not

26 ² A hematocrit test measures the portion of red blood cells in your blood.

27 ³ Tissue plasminogen activator (tPA) is a protein involved in the breakdown of blood
28 clots. It is a serine protease found on endothelial cells, the cells that line blood vessels.

1 available tomorrow 3.29.14. Ordinarily I would bring her back no later than 24 hours as studies
2 show duration of therapy is most significant risk factor for bleeding complication. We will run a
3 lower rate of TPA." Patient G.P.'s hematocrit decreased following the procedure from 32% to
4 22% and she experienced back pain and tachycardia.

5 12. On or about March 30, 2014, patient G.P. presented with rethrombosis of the left
6 SFA. Respondent was listed as the assisting surgeon for the surgical procedure that included
7 placing two stents in her left SFA and continuation of the TPA. Respondent lowered the
8 concentration/ drip rate of the TPA from the amounts that patient G.P. had received for the two
9 days prior. Patient G.P. returned to the ICU and developed an abdominal distention and a
10 retroperitoneal hematoma of 10 mm measured on the CT scan. Respondent continued the TPA
11 and patient G.P.'s bleeding appeared to stop.

12 13. On or about March 31, 2014, Respondent performed an angiogram and balloon
13 angioplasty of the left SFA on patient G.P. Respondent noted that he chose to make the catheter
14 entry in the right groin higher than normal, into the upper CFA/iliac artery due to the presence of
15 a saphenous vein graft coming off of the right CFA. The anesthesiologist documented in the
16 medical record that patient G.P.'s abdomen was distended, she was hypotensive, diaphoretic with
17 abdominal pain, the hemoglobin had dropped from 9.4 preoperatively to 6.8 and severe
18 hemorrhage was suspected. The anesthesiologist informed Respondent of patient G.P.'s
19 condition. Upon return from surgery to the ICU a nurse wrote that patient G.P. was diaphoretic,
20 clammy, confused, hypotensive and tachycardic with a firm distended tender abdomen with wide
21 open normal saline infusion. In Respondent's note, he stated that "the patient returned to the ICU
22 in stable condition intubated, with normotension." After a failed thrombin injection by another
23 physician, patient G.P. required additional surgical intervention. Patient G.P. returned to surgery
24 with Respondent the same day for an angiogram and placement of a covered stent onto the right
25 CFA/iliac artery. Respondent noted that patient G.P. had rethrombosis of the left femoral artery.
26 Respondent performed an open left groin exploration and repair due to patient G.P.'s critical limb
27 ischemia. Respondent performed an open surgical left femoral endarterectomy and open
28 thrombectomy of the left SFA, however, patient G.P. experienced persistent bleeding after the

1 patch angioplasty and became severely coagulopathic. Patient G.P.'s hemoglobin i-opped to a
2 level of 4. Due to the continued bleeding and clinical deterioration, Respondent ligated the left
3 SFA to try and stabilize the patient and control the bleeding. Patient G.P.'s condition became
4 critical. Patient G.P. became coagulopathic with increasing acidosis and a pH of 6.9 and went
5 into shock. The anesthesiologist had not drawn labs or properly utilized blood resuscitation
6 products until told to do so by Respondent. Blood resuscitation efforts continued for
7 approximately one hour before patient G.P. returned to surgery. Patient G.P. remained in shock
8 and suffered from multisystem organ failure including renal and pulmonary failure. On or about
9 April 1, 2014, patient G.P. died.

10 14. Respondent did not detect the retroperitoneal hematoma after the March 28, 2014
11 procedure on patient G.P. Rather than perform a search for the source of patient G.P.'s bleeding,
12 Respondent returned her to surgery for further TPA infusion on March 30, 2014. Respondent did
13 not aggressively manage patient G.P. with immediate resuscitation with blood, bicarbonate, fresh
14 frozen plasma, platelets and cryoprecipitate after complications from her surgery on March 31,
15 2014. Respondent did not order and/or did not document that he requested the necessary labs and
16 resuscitation products be available during patient G.P.'s surgical procedure on March 31, 2014.
17 Respondent continued to try and repair the left SFA when he should have ceased interventions on
18 the left side.

19 15. Respondent failed to recognize the hematocrit drop after the March 28; 2014 surgery
20 as a retroperitoneal bleed and stop the TPA, which constitutes a departure from the standard of
21 care.

22 16. Respondent failed to aggressively resuscitate patient G.P. immediately after the
23 March 31, 2014 procedure in the operating room or in the ICU and failed to promptly recognize
24 the major right iliofemoral bleeding pseudoaneurysm and retroperitoneal bleed, which constitutes
25 a departure from the standard of care.

26 17. Respondent negligently performed a left leg femoral endarterectomy and
27 thrombectomy on patient G.P., which constitutes a departure from the standard of care.

28 Patient S.R.

1 18.. On or about December 13, 2013, patient S.R. present,ed to Respondent as a 70_year
2 old female with peripheral vascular disease (PVD),light lower extremity ischemia and right
3 femoral popliteal graft thrombosis. Respondent performed a left femoral cannulation with
4 arteriogram of the right lower extremity, open thrombectomy of the right femoral popliteal graft
5 and TPA and stent placement of the popliteal artery. Respondent was unable to navigate the
6 catheter into patient S.R.'s right femoral popliteal graft requiring open thrombectomy. Patient
7 S.R. experienced xtensive intraoperative blood loss. The anesthesiologist estimated patient
8 S.R.'s blood loss at 2 units _and she required 4 units of blood during the procedure.

9 19. Respondent performed a surgical thrombectomy procedure on patient S.R. resulting
10 in excessive blood loss, which constitutes a departure from _the standard of care.

11 Patient C.S.

12 20. On or about November 8, 2013, patient C.S. presented to Respondent as a 77 year old
13 male with chronic leg edema, deep vein thrombosis (DVT), venou's stasis disease and left lower _
14 extremity varicose veins. Res ondent performed a stab phlebectomy of the varicose veins.
15 Patient C.S. had chronic edema and engorged varicose veins resulting in extensive intraoperative
16 blood loss. The anesthesiologist estimated his blood loss at one liter.

17 21. Respondent performed an open surgical varicose vein procedure on patient C.S.
18 resulting in excessive blood loss, which constitutes a departure from the standard of care.

19 Patient M.S.

20 22. On or _about December 2, 2013, patient M.S. presented to Respondent as a 62 year old
21 female with a history that included diabetes and severe peripheral vascular disease. Respondent
22 performed a thrombectomy of patient M.S.'s left femoral popliteal graft and common iliac stent
23 and external iliac angioplasty. Respondent performed a pharmacomechanical thrombectomy of
24 patient M.S.'s right femoral popliteal bypass by way of a left femoral cannulation approach.
25 Respondent instituted TPA thromb<;>lysis and continued transcatheter infusion thrombolysis
26 overnight. Respondent believes that he gave orders to manage the TPA by checking labs every
27 few hours and terminating the TPA if patient M.S.'s fibrinogen levels dropped. Respondent's
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1 orders are not a part of the medical record. Patient M.S.'s labs were not performed and the TPA
2 was not shut off.

3 23. On or about December 3, 2013, patient M.S. returned to the operating room under the
4 care of Respondent. Respondent performed a right femoral popliteal graft and the distal vessels .
5 underwent further thrombectomy and angioplasty stenting. Respondent removed the sheath and
6 wires in the operating room and repaired the left common femoral arteriotomy with a
7 percutaneous Angio-Seal Vascular Closure Device (Angio-Seal). The repair failed resulting in
8 profuse bleeding. Respondent applied manual pressure for approximately twenty minutes in an
9 attempt to stop the bleeding but was ultimately unsuccessful. Respondent then surgically
10 reopened patient M.S.'s left groin and dissected to the left common femoral artery. Respondent
11 identified the hole in patient M.S.'s femoral artery, removed the Angio-Seal device and openeci
12 the artery further to perform surgical endarterectomy and patch angioplasty. Prior to restoring
13 blood flow, patient M.S. lost what the anesthesiologist e)timated as 3 liters of blood. Respondent
14 estimated patient M.S.'s blood loss during the procedure as 2 liters. Patient M.S. required
15 multiple transfusion of fresh frozen plasma and packed red blood cells.

16 24. On or about December 11, 2013, patient M.S. required an amputation below her right
17 knee.

18 25. On or about January 31, 2014, patient M.S. required further stump revision to her
19 right leg.

20 26. Respondent performed a surgical procedure on patient **M.S.** resulting in excessive
21 blood loss, which constitutes a departure from the standard of care.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held n the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. ,_Revoking or suspend!ng Physician's and Surgeon's Certificate Number A 95138, issued to Respondent Denny Mark Schoch, M.D.;
2. Revoking, suspending or denying approval of Respondent Denny Mark Schoch, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Denny Mark Schoch, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: April 28, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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